

Provider Outreach and Education Advisory Committee Minutes (POEAG)

10am – 12pm (EDT)

June 7, 2007

Hosted in: Lansing, Michigan

Attending Members:

MI - Covell and Harwood; Sturgis Hospital; National Government Services; Michigan Pain Consultants; Professional Practice Resources; Henry Ford Health Systems; Mercy Family Care; Michigan Medical Billers Association; Physician Billing Services; Bronson Healthcare Corporation; TriMed; Medtrust, LLC; Michigan Medical PC; Michigan State Medical Society (MSMS); Mid-Michigan Physicians, PC; ProCare Systems Incorporated; Professional Practice Resources (PPR) Michigan; Spectrum Health Laboratory

IL - Dreyer Medical Clinic; Professional Medical Business Services; First Care Ambulance Services; AIM Systems; Midwest Heart Specialists; Practice Management; Springfield Clinic; Prairie Cardiovascular Consultants; Illinois Chiropractic Society; Metropolitan Chicago Healthcare Council; SIU School of Medicine; Phoenix Physicians Services, Sinai Medical Group

WPS Staff: J. David Bozarth, Provider Outreach & Education; Ellen Berra, Provider Outreach & Education; Kim Slater, Provider Outreach & Education; Mark Kirchberg, Provider Outreach & Education; Pete Scheller, Provider Outreach & Education; Tom Ryan, Provider Outreach & Education; Molly Tull, Medicare Publications; Emily Drewitz, Administration

Agenda Item	Discussion	Suggestions/Questions	Outcome/Action
Welcome and Introductions	<p>Members were welcomed to the meeting hosted by Michigan at the Holiday Inn Lansing West in Lansing, MI.</p> <p>Members were told that Wisconsin Physicians Service (WPS) is beginning to use a technology new to the POE AG. In addition to participating in person or by telephone, members were able to view a live broadcast of the POE AG meeting over the internet. Members received instructions and Universal Resource Locator (URL) for this service with</p>		

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	<p>the agenda. WPS Medicare is testing the effectiveness of this tool for the POE AG meetings.</p> <p>Members were reminded that they can contact their co-chairperson through e-mail. E-mail addresses are provided on the agenda.</p>		
<p>Review of Minutes from March, 2007</p> <p>Action/Outcome List from March meetings</p>	<p>Minutes from the March 8, 2007 meeting hosted in Illinois were approved as written.</p> <p>Action/Outcome List:</p> <ul style="list-style-type: none"> • Members made suggestions/comments regarding the Beyond Basics and the Save Dollars, Avoid Denial presentations. • Members suggested doing specific Physical Therapy educational program. • Members suggested several topics for possible educational programs including, Incident to Services, Non-Physician Practitioners, SNF, Overpayments, Consultation, Drug Policy, Hospital and Professional Components of Radiology Services. • Members requested to be informed when 		<ul style="list-style-type: none"> • Provider Outreach and Education incorporated many of the suggestions/comments including grammar/spelling corrections in both presentations. • The WPS management staff is evaluating this request as part of the development educational plan for WPS. No decision has been made as yet. • The WPS management staff is evaluating the request as part of the development educational plan for WPS. Management has assigned several of these to the Provider Outreach and Education staff who will request input from members as they progress with these programs. • Provider Outreach and Education

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	<p>WPS places draft policies on the status table.</p> <ul style="list-style-type: none"> • Members requested WPS put a message on the Listserv when new educational products are offered. • Members were asked to submit suggestions/comments on the Complex Inquiry section of WPS' Website. 		<p>has shared this request with the policy staff; however, at this time the Listserv provisions currently do not provide information on draft local policies or meetings. Members were directed to the Policy page on the WPS Website for updated policies.</p> <ul style="list-style-type: none"> • Provider Outreach and Education currently provides information on the ListServ regarding new educational products. • Medicare Publications is still asking members to submit comments/suggestions on the Complex Inquiry section of WPS' Website to improve or make it more user-friendly.
Medicare Publications	<ul style="list-style-type: none"> • WPS has received permission from Centers for Medicare & Medicaid Services (CMS) to automatically enroll providers for the Listserv in an effort to meet the requirements to increase Listserv membership. Providers received an e-mail informing them that they have been enrolled in the Listserv and a survey link to fill out regarding the Listserv. Current subscribers received a Tip of the Week requesting feedback on the Listserv. • WPS is looking for ways to reach providers through technology. One of the ways that WPS is considering is 		

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	<p>professional BLOGS. Professional BLOGS are sites that contain information, articles, and links on specific topics for providers and allow provides to interact through messages. WPS requested members provide them with a list of the professional BLOGS that they are currently using.</p> <ul style="list-style-type: none"> WPS Medicare Publications is currently researching live chat programs for the Website that would allow providers to send secure messages to WPS Customer Service. WPS Customer Service staff will monitor the live chat during business hours to answer these messages immediately. Medicare Publications asked members to volunteer to be a BETA test for this program prior to rolling out to the public. 	<ul style="list-style-type: none"> Member asked if this would apply to the EDI hotline as well as the Customer Service hotline such as if providers can request copies of reports from EDI that were inadvertently deleted. 	<ul style="list-style-type: none"> Medicare Publications is currently looking into live chat programs for the Customer Service department only at this time; however, they will consider this suggestion for future expansion of the chat program. Members were asked to send an e-mail to their co-chair persons if they are interested in volunteering to be a beta test for the chat program.
Provider Education	<p>A. Computer Based Training (CBT) CBTs are on-line educational programs available to providers through WPS' Website. There are currently 15-20 CBT programs posted on the WPS Website.</p>	<ul style="list-style-type: none"> Members that have viewed the programs have found them easy to find and easy to follow. They appreciate the Stop/Start aspect of these programs that allows the viewer to stop the program and restart when needed. Member stated that they would like to see consistency in formatting of the slides such as if it starts with a question and answer it should stay with that 	<ul style="list-style-type: none"> Members were asked for their feedback on the current programs, suggestions to improve the programs and suggestions for new programs. Member's suggestions will be shared with the Provider Outreach and Education department

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		<p>formatting.</p> <ul style="list-style-type: none"> • Member asked if the Forsee survey pop-up could be removed or delayed so that it does not pop-up as often. • Members asked if new CBTs could be posted on the Listserv or the <i>Communiqué</i> so that they are aware that they are available or to do mailings letting providers know that these programs are available. • Members stated that CBTs are a great tool for those provider offices that have access to the internet; however, several offices do not have access or limit the access. Members suggesting possibly making hardcopies available of the presentations. • Members stated that several providers do not speak or read English and questioned if products could be provided in other languages. • Members suggested the following possibilities for additional programs: <ul style="list-style-type: none"> • PQRI • SNF billing – would like to see separate programs for 	<ul style="list-style-type: none"> • Medicare Publications will look into changing the settings for this pop-up. • Member's suggestions will be shared with the Provider Outreach and Education department; however, CMS directives required contractors to discontinue mailings because of the publication and mailing costs. • CMS directives required contractors to discontinue mailings; however, Medicare Publications suggested including CBTs on the Participation CD-ROM that is sent to providers annually or to create a separate CD-ROM that could be requested by providers. • CMS does not currently provide funds for creating products in other languages. • Provider Outreach and Education is currently working on a CBT for SNF and have created a Quick Tip for PQRI. Member's

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	<p>B. Quick Tips Quick Tips are short educational segments that are available for providers on WPS' Website. Currently available are NPI, C-SNAP, CERT, CMS-1500 claim forms, Appeals.</p> <p>C. Ask the Contractor Teleconferences (ACT) Members were given handouts announcing two upcoming ACT teleconferences.</p> <ul style="list-style-type: none"> - Physician Quality Reporting Initiative (PQRI) will be held on June 12, 2007 - General ACT teleconference on June 20, 2007. This teleconference encourages providers and billing staff to call with any Medicare questions they deem appropriate. Staff representing several Medicare departments are available on the call to answer a variety of questions. <p>No registration is required for these calls.</p> <p>D. Physician Quality Reporting System (PQRI) CMS provides a wealth of information on their Website for the PQRI program. This includes the 74 quality measures, the procedure codes applicable to the measures, educational offerings and Frequently Asked Questions (FAQs) in addition to other information. The Website address is http://www.cms.hhs.gov/pqri.</p>	<p>physicians and billers.</p> <ul style="list-style-type: none"> • E&M • CPT modifiers <ul style="list-style-type: none"> • Members asked if these ACT teleconferences will have a playback provision will be available after the live broadcast • Member stated that the General ACT teleconferences are an excellent forum for providers <ul style="list-style-type: none"> • Member asked if Legacy numbers are on the claims with the NPI will those claims be denied. 	<p>suggestions will be shared with the Provider Outreach and Education department.</p> <ul style="list-style-type: none"> • Members were encouraged to complete the Feedback form that is available at the bottom of Quick Tips site. • Members were encouraged to share the dates and times of ACT teleconferences. • No decision has been made at this time regarding a playback. <ul style="list-style-type: none"> • Claims with both a NPI and Legacy number are on the claim they will not be denied; however claims containing only a Legacy number will not qualify for this program.

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	<p>CMS will sponsor multiple open forum teleconferences on PQRI. Dates and times for these teleconferences are listed on the CMS Website. CMS will also provide an audio replay for approximately 7 days after the teleconference and will provide a transcript of the call for those providers who are not able to attend.</p> <p>Members were reminded that PQRI program is available to providers who are working in Fee-For-Service environments.</p> <p>E. Comprehensive Error Rate Testing (CERT) CMS recently published the new Mid-Year CERT report on their Website. This report includes reporting of CERT errors assessed for Medicare Fee-For-Service (FFS) payments and the List of Over Utilized Codes for claim submission dates 10/01/2005 through 09/30/2006. The reports are available at http://www.cms.hhs.gov/CERT/CR/list.asp #</p> <p>F. Beyond the Basics and Save Dollars, Avoid Denials</p> <p>Provider Outreach and Education received several excellent suggestions for both programs including grammar and spelling corrections that have been incorporated in these programs. Case studies and examples were used as applicable. ABN's</p>	<ul style="list-style-type: none"> Members stated that there has been a great deal of media regarding the new Shingles vaccine. Beneficiaries are not aware that there is form to be filled out whereby the services can be billed by the physicians' offices for supplemental insurances. 	<ul style="list-style-type: none"> WPS has received questions regarding the new Shingles vaccine. Information is posted on the CMS Website regarding this non-covered service.

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	<p>were added to the Beyond the Basic program.</p>		
<p>Member Issues</p>	<p>A. National Provider Identifier (NPI) Contingency Plan The Contingency Plan was created for providers who are unable to submit claims using their NPI numbers due to system problems. This is a non-penalty phase for those providers only. This is not meant as an extension for providers to obtain their NPI number. CMS has a Medicare Learning Network (MLN) Matters Article, MM5595, regarding this issue. This article states that Medicare will do a monthly review, starting in June, based on the number of claims submitted and determine when NPI numbers will be mandated on submitted claims. CMS will notify providers of this mandate on the CMS Website. Secondary provider identifiers are not needed until May 23, 2008.</p> <p>For the week of May 14 – May 18 the following claims were submitted with NPI numbers and PIN numbers: WI – 50% MN – 46% IL – 36 % MI – 32%</p> <p>Claim using NPI only for the same time period is: WI - .88% IL - .08%</p>	<ul style="list-style-type: none"> • Member questioned how much advanced notice CMS will give providers when they determine their mandated date. • Member asked when the decimation program would be available. • Member stated that the Contingency Plan has caused a great deal of confusion and extra work for their facility because their software had been ready to send NPI only then when they received the Contingency Plan they had to make adjustments to their software so that they could submit both numbers. • Member questioned what to do in regards to data integrity issues. 	<ul style="list-style-type: none"> • CMS has not specified how much time will be given providers. Members were encouraged to apply for NPI on-line rather than paper as it is a faster process. • Providers are not required to put the service location facilities numbers on claims. Providers must put the name and address, but the number is not required. Members were informed that an invalid number entered would cause the claims to deny. • It was clarified that providers do not have to send both the Legacy numbers and NPI numbers if their NPI only claims are processing correctly. • Members were encouraged to contact the EDI department with data integrity issues.

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	<p>MI - .03% MN - .047%</p> <p>B. NPI Dissemination The last UPIN number will stop being issued on June 29, 2007 and the UPIN registry will be disabled on September, 2007.</p>		
Updates	<p>A. Administrative Simplification and Compliance Act (ASCA) CMS requires all providers, with very limited exceptions, to submit claims electronically. If it is determined that a provider is in violation of the statute the provider may be subject to claim denials, overpayment recoveries and applicable interest on overpayments. This initiative requires WPS to monitor paper claims submissions on a quarterly basis. Those providers who submit 30 or more paper claims in a 3-month period (based on Tax Identification Number) will receive a notification letter from WPS concerning paper claims submission and enforcement. If a provider is unable to provide acceptable evidence to substantiate that they are eligible under the law to continue submit paper claims, Medicare will begin to deny all paper claims the 91 calendar day after the date of the notification letter. To those providers who submit evidence to establish eligibility to submit paper claims a waiver is granted. ASCA did not establish an Appeals process for denial of paper claims when a</p>	<ul style="list-style-type: none"> • Members stated that they received a letter and complimented WPS for their follow-up process informing the provider if they have or have not qualified for the waiver. • Member questioned if this program makes financial sense for the carriers. 	<ul style="list-style-type: none"> • Members can contact their co-chairpersons with questions regarding this program. • WPS is required by CMS to conduct this program.

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	<p>waiver is not granted, but a provider may qualify at a later date if their situation changes. It is important for providers to respond promptly to these letters.</p> <p>B. CMS Secured Network Access Pilot (C-SNAP) Members were reminded the C-SNAP program is available for providers to check on-line for status of their claims submitted as well as national eligibility information. There are two primary avenues of access to this program, a Website address, http://www.medicareinfo.com, and a phone number, 1-877-476-8116, that is staffed from 8am – 4pm (CST).</p>		
Next Meeting	The next scheduled meeting for the IL/MI POEAG meeting will be hosted in IL on Thursday, September 13, 2007 in Champaign, Illinois.		